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CONFIRMATION NO. 8516

Bib Data Sheet

SERIAL NUMBER 09/821,009	FILING OR 371(c) DATE 03/29/2001 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****
*N, NE, cr*** FOREIGN APPLICATIONS *****
*None cr*IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 05/18/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 2	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> <i>[Signature]</i> Examiner's Signature Initials				

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TITLE

METHOD AND SYSTEM FOR TRAINING IN AN ADAPTIVE MANNER

FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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